



Julia Howard, Superintendent  
Turkey Ford School  
**2025 & 2026**  
Enrollment

**STUDENT INFORMATION:**

Student Legal Name \_\_\_\_\_ Gender ☐ M ☐ F  
Last First Middle  
SSN \_\_\_\_\_ Current Age \_\_\_\_\_ Current Grade \_\_\_\_\_  
Physical Address \_\_\_\_\_ Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Texting? ☐ Yes ☐ No  
Native American Tribe(s) \_\_\_\_\_ CDIB Card #(s) \_\_\_\_\_

**LEGAL GUARDIAN(S):**

*Lives With:* ☐ #1 ☐ #2 ☐ Both #1 & #2 (Please Check one)  
*Legal Custody:* ☐ #1 ☐ #2 ☐ Both #1 & #2 (Please Check one)

#1 Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Physical Address \_\_\_\_\_ Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

#2 Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Physical Address \_\_\_\_\_ Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

*Please list other children in the family:*

Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____

**EMERGENCY CONTACTS:** (List 2 neighbors or nearby relatives who will assume temporary care of your child, and/or whom we can release your child to if you cannot be reached in case of an accident, sudden illness or possible early dismissal)

#1 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

#2 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**ETHNICITY:** (check all that apply) ☐ Asian ☐ Native Hawaiian/Other Pacific Islander  
☐ African American/Black ☐ American Indian/Alaskan Native ☐ Caucasian/White  
Is the student of Hispanic or Latino culture or origin? ☐ Yes ☐ No

**PUBLICATION OF INFORMATION:** Turkey Ford will occasionally send school photos to the newspaper and/or post to the website (please check one).

☐ I agree to allow my student's photo and name to be released to the media for publication.  
☐ I do NOT allow my student's photo and name to be released to the media for publication.

**Student Name** \_\_\_\_\_ **Date** \_\_\_\_\_

Is Student on Medicare, Medicaid or Soonercare? ☐ Yes ☐ No If Yes, list number \_\_\_\_\_

### Medical History

Please check if history of and list date if known:

☐ Asthma \_\_\_\_\_  
☐ Chicken Pox \_\_\_\_\_  
☐ Diabetes \_\_\_\_\_  
☐ Emotional Prob. \_\_\_\_\_  
☐ Freq. Headaches \_\_\_\_\_  
☐ TB/TB Contact \_\_\_\_\_  
☐ Hepatitis \_\_\_\_\_  
☐ Hyperactivity \_\_\_\_\_  
☐ Infectious Disease \_\_\_\_\_  
☐ Pneumonia \_\_\_\_\_  
☐ Rheumatic Fever \_\_\_\_\_  
☐ Bleeding Disorder \_\_\_\_\_  
☐ Scoliosis \_\_\_\_\_  
☐ Seizures \_\_\_\_\_  
☐ Skin Disease \_\_\_\_\_

Please list if there is a history of:

☐ Fractures \_\_\_\_\_  
☐ Surgery \_\_\_\_\_  
☐ Heart Condition \_\_\_\_\_

Indicate if your child wears Orthopedic Devices, prosthesis, Etc. \_\_\_\_\_

Is your child able to participate in scheduled class activities?

☐ Yes ☐ No

Physical Education?

☐ Yes ☐ No

If no, please provide written explanation and instructions from child's physician.

### Vision

Does your child have vision problems?

☐ Yes ☐ No

Has your child been seen by an eye doctor?

☐ Yes ☐ No

Were corrective lens prescribed?

☐ Yes ☐ No

Name of Eye Doctor? \_\_\_\_\_

### Hearing

Does your child have hearing problems?

☐ Yes ☐ No

Tubes in Ears? ☐ Yes ☐ No

Hearing Aid? ☐ Yes ☐ No

Name of Ear Doctor? \_\_\_\_\_

### Allergies

Does your child have severe reaction to wasp/bee/insect stings?

☐ Yes ☐ No

If Yes, please list necessary treatment \_\_\_\_\_

Do you grant permission to administer Benadryl?

☐ Yes ☐ No

Does your child have food allergies? ☐ Yes ☐ No

If Yes, please list foods and type of reaction \_\_\_\_\_

Does your child have allergies to pollens or other environmental irritants?

☐ Yes ☐ No

If Yes, please list \_\_\_\_\_

Does your child have medication allergies? ☐ Yes ☐ No

If Yes, please list \_\_\_\_\_

### Emergency Treatment

☐ Yes, I authorize emergency treatment.

☐ No, I do not authorize emergency treatment.

I understand that it is my responsibility as a parent/guardian to provide transportation for my sick child, unless my child is seriously ill or seriously injured.

I, the undersigned, do hereby authorize officials of Turkey Ford School to contact the persons named on this form and do authorize the named physician(s) to render treatment deemed necessary in an emergency for the health of my child. School officials are authorized to take whatever action deemed necessary for the benefit of the child if unable to contact the above. **I, the undersigned, will not hold the school district financially responsible for the emergency care and/or treatment for my child.**

### Current Medications

Is your child currently taking medications? ☐ Yes ☐ No

If Yes, please list:

Name of Med Dose Frequency

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Physician \_\_\_\_\_

Phone Number \_\_\_\_\_

Child's Dentist \_\_\_\_\_

Phone Number \_\_\_\_\_

Hospital Choice \_\_\_\_\_

Phone Number \_\_\_\_\_

Any medication information regarding this child, not revealed above please list here: \_\_\_\_\_

### Special Services

I am aware that Turkey Ford School offers Special Education Services. My child has difficulties in the following areas and may require special education services (check all that apply): ☐ learning ☐ physical ☐ speech ☐ emotional ☐ occupational

### Permission

**I give my permission for school office personnel to give my child:**

**Acetaminophen** (Tylenol-Generic: according to drug information, the meds are aspirin free)

☐ Yes ☐ No

**Tums** (Generic)

☐ Yes ☐ No

### Corporal Punishment

Turkey Ford administers corporal punishment as a form of discipline. It is with a wooden paddle and will not exceed three (3) swats (per incident).

☐ Yes, I give my permission to administer corporal punishment to my child.

☐ No, I do not give my permission to administer corporal punishment to my child.

**I certify that all of the information stated on this enrollment form is true. Any false information given could be grounds for removal from Turkey Ford Public School. I acknowledge receipt of a student handbook that can be found on the Turkey Ford website.**

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



## Transportation Agreement

Parent/Guardian:

Students who ride the school buses to and from home and on school trips should be careful about loading and unloading. Always wait for the bus to STOP. Safety is stressed at all times. Classroom rules as far as conduct apply while on the school bus. The bus driver has absolute authority and is expected to maintain order and discipline in order to prevent serious accidents. Please go over the following bus rules with your child(ren) in order to help us provide safe, pleasant transportation. Remember, riding the bus is a privilege that can be taken away if the rules are not followed.

### Bus Rules

- COVID safety guidelines will be followed on the bus  
temp checks & face mask
- No loud talking, yelling or screaming
- No food or drink
- No changing seats or getting out of your seat until your stop
- Seat assigned by bus driver to reduce social contact
- No standing – remain seated at all times
- No sitting or laying in the floor
- No talking back to the driver
- Keep all toys, pens, pencils, and markers in backpacks
- No inappropriate gestures
- Keep hands and feet to yourselves at all times
- Do NOT throw anything at each other or out windows
- No crawling over seats
- Disrespect of ANY kind will result in immediate suspension of bus riding privileges

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Student's Name \_\_\_\_\_  
Parent's Name \_\_\_\_\_

I have read and understand the above Bus Rules and will go over these expectations with my child(ren).

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

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## **Turkey Ford School Student Computer and Internet Rules Updated August 2023**

Please read the terms and conditions of this contract carefully before signing this document. This document is binding upon those signing it.

### **Parents:**

Turkey Ford School District provides computers and Internet access for the use of administrators and staff, teachers, parents, and students. The use of these computers and access to the Internet is a privilege – not a right. Inappropriate use of this technology will result in loss of technology use, disciplinary action, and/or referral to legal authorities.

With access to computers and people all over the world also comes the availability of material that may not be considered to be of educational value in the context of the public-school setting. Turkey Ford School District has taken precautions to prevent access to controversial material; however, on a global network it is impossible to control all material.

### **Students:**

These are the rules for using computers while at school:

**SCHOOL WORK ONLY:** Turkey Ford provides computers and Internet connections for you to work on schoolwork only. Don't use the school computers to email or check your home email. Don't go to websites unless you ask your teacher for permission.

**BE POLITE.** Do not use school computers or any technology device to write or send abusive (mean) messages to others. This is called cyber bullying. Bullying is not allowed at school. Tell your teacher or an adult if someone is mean to you online while using the computer.

**USE APPROPRIATE LANGUAGE.** Do not type words that are not allowed at school. Your teacher has the right to see anything you type on a school computer.

**DO NOT GIVE OUT YOUR NAME OR ADDRESS ON THE INTERNET.**

**HONOR COPYRIGHTS.** Anything printed on the Internet is assumed to be private property and therefore should be deemed copyrighted material.

**PLAGIARISM IS THE SAME AS STEALING.** The writing of another person is assumed to be private property. Using another's writing and claiming it as your own is plagiarism.

**DON'T TELL OTHERS YOUR PASSWORDS.** If your teacher gives you a password, like for Accelerated Math or Study Island, don't give your password to your friends.

**NO MULTI-PLAYER INTERNET GAMES OR CHAT ROOMS.**

**DO NOT DOWNLOAD ANY GAME OR MUSIC FROM HOME ON SCHOOL COMPUTERS.**

**DO NOT DAMAGE SCHOOL COMPUTERS.**

**REPORT ANY PROBLEMS ON SCHOOL COMPUTERS TO YOUR TEACHER.**

At Turkey Ford, we use Google Workspace for Education, and we are seeking your permission to provide and manage a Google Workspace for Education account for your child. Google Workspace for Education is a set of education productivity tools from Google including Gmail, Calendar, Docs, Classroom, and more used by tens of millions of students and teachers around the world. At Turkey Ford, students will use their Google Workspace for Education accounts to complete assignments, communicate with their teachers, sign into their Chromebooks, use apps on iPads, and learn 21st century digital citizenship skills.

Further, we allow students to access additional third-party services with their Google Workspace for Education accounts. Our school administrator enables access to these third-party services with your student's Google Workspace for Education account, and authorizes the disclosure of data, as requested by the third-party services.

Google provides information about the information it collects, as well as how it uses and discloses the information it collects from Google Workspace for Education accounts in its Google Workspace for Education Privacy Notice. You can read that notice online at [https://workspace.google.com/terms/education\\_privacy.html](https://workspace.google.com/terms/education_privacy.html)

Turkey Ford uses Securly as the online safety management watchdog to monitor all online usage. Protocols are in place that block inappropriate websites. It also watches for cyberbullying and keywords that alert our administrators.

As Parent or legal guardian of this student, I have read the Terms and Conditions. I understand that Turkey Ford School has taken all available precautions to eliminate controversial material; however, I also recognize it is impossible to monitor and restrict access to 100% of every type of controversial material available on the Internet. I will not hold Turkey Ford School District responsible for materials acquired on the Internet or through the Internet. If a user is under the age of 18, a parent or legal guardian must read and sign this agreement.

**By signing, I certify I have received the Computer and Internet Contract and will discuss it with my child. I understand that it is mandatory to sign and return this to the school to be kept on file prior to my child receiving access to computers at school.**

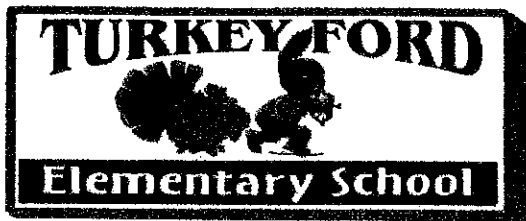
Parent/Legal Guardian Name (Please Print): \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**By signing, I agree to abide by Turkey Ford's Computer and Internet Rules.**

User's Full Name (Please Print): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



**Turkey Ford School  
2025 & 2026  
Enrollment Form**

## **Field Trip "Blanket" Permission Form**

Each year there are a variety of field trips sponsored by the school and considered to be educational and/or entertaining for the students. There have been times when students forget their permission forms the day of the trip and this can create a problem if the parents are unreachable.

Please sign the form below and return to the school. We will keep it in your child's folder in the office. This form grants permission for any class/school field trip undertaken this school year. A note will always be sent home to inform you prior to a trip being taken.

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Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

I hereby give permission for my child to be transported by Turkey Ford Schools to any class/school field trip during this academic school year. I understand I will be notified in advance of any needs required for the individual trips taken.

\_\_\_\_\_  
Signature Parent/Guardian

\_\_\_\_\_  
Date

# Turkey Ford School

## Student/Teacher/Parent Schoolwide Compact

**Mission Statement** Turkey Ford School is a positive, safe environment that encourages success intellectually, socially, and physically.

**Vision Statement** Turkey Ford School will provide quality education experiences for productive and fulfilling lives.

### Parent/Guardian Agreement

I want my child to achieve. Therefore, I will encourage him/her by doing the following:

- Ensure that my child is punctual and attends school regularly.
- Support the school in its efforts to maintain proper discipline.
- Establish a time for homework and review it regularly.
- Provide a quiet well-lighted place for study.
- Encourage my child's efforts and be available for questions.
- Stay aware of what my child is learning.
- Read with my child, and let my child see me read.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### Student Agreement

It is important that I work to the best of my ability. Therefore, I shall strive to do the following:

- Attend school daily
- Come to school each day with pencils, paper, and other necessary tools for learning.
- Complete and return homework assignments on time.
- Study at home or read a book during study time in the evenings as often as possible, away from TV and other distractions.
- Follow school rules.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### Teachers Agreement

It is important that students achieve. Therefore, I shall strive to do the following:

- Provide assistance to parents so that they can help with the assignments when necessary.
- Provide current information to students and parents regarding student's academic progress.
- Appropriately pace students according to individual ability and needs as a learner.

Provide homework assignments for students, according to classroom objectives and district policy.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### Superintendent Agreement

I support this form of parent involvement. Therefore, I shall strive to do the following:

- Encourage teachers to provide classroom instruction to incorporate the use of multiple intelligences into daily planning.
- Provide an environment that allows for open and effective communication between the teacher, parent, and student.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



## Parental Authorization to Administer Medicine

Student Name \_\_\_\_\_

Age \_\_\_\_\_

I am the parent with legal custody, legal guardian or individual assuming permanent care and custody of the student listed above. This student requires medication at intervals during the school day as prescribed by a physician. I understand that I must label medications with the student's name and that it will be kept in the office until needed. It is my responsibility to attain refills and provide the school with medications needed by my child. All medications not picked up prior to the last day of school will be discarded.

I hereby give consent and authorize the superintendent and/or employee of the school designated by the superintendent to:

administer \_\_\_\_\_, a **non-prescription** medication which I am hereby supplying, in accordance with the written instructions of child's physician which are attached.

administer \_\_\_\_\_, a **filled prescription** medication which I am hereby supplying, in accordance with the written instructions of child's physician which are attached.

administer \_\_\_\_\_, a **filled prescription** medication which I am hereby supplying, in accordance with the written instructions of child's physician which are attached.

I understand that under state law, the board of education, the school district, or employees of the district shall not be liable to the student or student's parent or guardian for civil damages for any personal injuries to the student which result from acts or omissions of school employees in administering the medication I have authorized for from the self-administration of medication by the student.

\_\_\_\_\_  
Signature Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Witness

\_\_\_\_\_  
Date



(Template)

**School Year 2025 - 2026**  
**Economically Disadvantaged Form**

This application should be completed even if your student attends a Community Eligibility Provision or Provision School.

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Student Number: \_\_\_\_\_

Student Name: \_\_\_\_\_

Please select the income range that represents the total annual gross income:

- |   |  |   |
|---|--|---|
| <input checked="" type="radio"/> Less than \$28,953 | <input type="radio"/> Between \$59,478 and \$69,653  | <input type="radio"/> Between \$100,178 and \$110,353 |
| <input type="radio"/> Between \$28,953 and \$39,128 | <input type="radio"/> Between \$69,653 and \$79,828  | <input type="radio"/> Between \$110,353 and \$120,528 |
| <input type="radio"/> Between \$39,128 and \$49,303 | <input type="radio"/> Between \$79,828 and \$90,003  | <input type="radio"/> Between \$120,528 and \$130,703 |
| <input type="radio"/> Between \$49,303 and \$59,478 | <input type="radio"/> Between \$90,003 and \$100,178 | <input type="radio"/> Between \$130,703 and \$140,878 |

Please select the total number of people in your household:

- |  |                                 |                                   |
|--|---------------------------------|-----------------------------------|
| <input checked="" type="radio"/> One (1) | <input type="radio"/> Five (5)  | <input type="radio"/> Nine (9)    |
| <input type="radio"/> Two (2)            | <input type="radio"/> Six (6)   | <input type="radio"/> Ten (10)    |
| <input type="radio"/> Three (3)          | <input type="radio"/> Seven (7) | <input type="radio"/> Eleven (11) |
| <input type="radio"/> Four (4)           | <input type="radio"/> Eight (8) | <input type="radio"/> Twelve (12) |

Signature: I certify that all information provided on this form is true to the best of my knowledge and that all household income is reported. I understand that this information will impact federal and state funding to the school.

Sign Here: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

For Office use only:

☐ Qualified

☐ Not Qualified

## STUDENT INFORMATION

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

                    Last Name                    First Name                    Middle Name

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Student ID#: \_\_\_\_\_ Gender: Male ☐ Female ☐  
MM/DD/YYYY

Is the student of Hispanic or Latino culture or origin? YES ☐ NO ☐

**Please select one or more of the following races:**

☐ African American/Black ☐ American Indian/Alaskan Native ☐ Asian  
☐ Native Hawaiian/Pacific Islander ☐ Caucasian/White

**The purpose of the following questions is to help determine if a student's exposure to a language other than English may make them eligible to receive additional English Learner (EL) supports.**

1. What is the dominant language most often spoken by the student? \_\_\_\_\_
  2. What is the language routinely spoken in the home, regardless of the language spoken by the student? \_\_\_\_\_
  3. What language was first learned by the student? \_\_\_\_\_
  4. Does the parent/guardian need interpretation services? YES ☐ NO ☐ If YES, in what language? \_\_\_\_\_
  5. Does the parent/guardian need translated materials? YES ☐ NO ☐ If YES, in what language? \_\_\_\_\_
  6. What was the date the student first enrolled in a school in the United States? \_\_\_\_\_
- MM/YYYY

Date (MM/DD/YYYY)

Parent or Guardian Signature

**SCHOOL USE ONLY**

The response of a language other than English to any or all of questions #1, #2, and #3 above should prompt local review of the student's potential EL identification and assessment history in the state Accountability Reporting application. If no previous EL history is present, the student must be administered a state-approved screening tool to determine their EL status.

**If this HLS will be used for the purposes of Non-EL Bilingual qualification, please indicate one of the following:**

☐ A language other than English is indicated **TWO OR MORE TIMES** in questions #1, #2, and #3 above. The student is considered **"more often"** and has previously demonstrated English language proficiency on the PKST\* or WIDA assessment :

Assessment Name	Year/Assessment	Score
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☐ A language other than English is indicated **ONE TIME** in questions #1, #2, and #3 above. The student is considered “**less often**” and has demonstrated English language proficiency on the PKST\* or WIDA assessment. The student’s PKST\* or WIDA assessment score and additional qualifying score is noted on the attached “Less Often” Non-EL Bilingual Qualification Form.

\*APKST score is valid only for a student's pre-K year(s). Regardless of the PKST score earned, a student administered the PKST must be administered the WIDA K Screener at the outset of kindergarten. To qualify a student as Non-EL Bilingual beyond their pre-K year, a student must either demonstrate initial proficiency on the WIDA K Screener or subsequently on the K ACCESS or ACCESS assessment.

	<b>STUDENT RESIDENCY QUESTIONNAIRE</b>	School Year
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**PLEASE READ CAREFULLY AND COMPLETE FULLY**

No student or family will be discriminated against based upon any of the information provided in this form. The information you provide is confidential. The answers you give will help us determine the services your student may be eligible to receive under the McKinney-Vento Act.

Student Name:		Date of Birth:
School:		Grade:
Person Completing This Form:	Relation to Student:	Phone:
Current Address:		How Long?

1. Is this current address a temporary living arrangement?		
2. Is this temporary living arrangement due to loss of housing, economic hardship, or domestic violence?		
3. Is the student being enrolled by someone other than parent or legal guardian?		
4. Is the student an unaccompanied youth (not living with a parent or legal guardian)?		
5. Is the student a Foster Child or waiting for Foster Placement?		

If you answered **NO** to **ALL** questions, please sign and date below. Submit form to school personnel.

➡ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you answered **YES** to **ANY** question above, please complete the remainder of this form.

Please select the option that best describes your current living situation:

- ☐ With more than one family in a house or apartment. # Bedrooms: \_\_\_\_\_ # People: \_\_\_\_\_
- ☐ In a motel/hotel due to lack of alternative, adequate accommodations. Name of motel: \_\_\_\_\_
- ☐ In a shelter/transitional housing. Name of agency: \_\_\_\_\_
- ☐ In a house, building, or trailer WITHOUT running water, electricity, or gas.
- ☐ Living with family or friends because you are an unaccompanied youth (not living with parent or legal guardian).
- ☐ In a car, campground, abandoned building, or other public place not intended for regular habitation.
- ☐ Wherever I can find a place to stay at night.

Please list **all children** (under 21 y/o) currently living with you, including those not yet old enough for school enrollment.

First and Last Name of Child	Relationship to Student	Date of Birth	Grade	School Name

*I certify that the information provided above is correct and accurate.*

➡ Signature of Person Completing this form: \_\_\_\_\_ Date: \_\_\_\_\_